|             | PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004  |   |  |   |                                    |                  |            |                 |                          | Application or Docket Num |                     |                        |  |
|-------------|--|---|--|---|------------------------------------|------------------|------------|-----------------|--------------------------|---------------------------|---------------------|------------------------|--|
|             |  | CLAIMS                                    |  | (Column 1) (Column 2)                   |                                    |                  |            | SMALL E<br>TYPE | NTITY                    | Of                        | OTHE<br>SMALL       | R THAN<br>. ENTITY     |  |
| U           | .S. NATIONA  | L STAGE FEES                              |  |   |                                    |                  | 7          | RATE            | FEE                      |                           | RATE                | FEE                    |  |
| В           | ASIC FEE   | SMALL E                                   | SMALL ENT. = \$ 150  |   | RGE ENT. = \$ 300                  | 7                | BASIC FEE  | 1               | OF                       | R BASIC FEE               | 30                  |                        |  |
| Ε           | KAMINATION I   |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                         |   | other situations = \$ 100 / \$ 200 | 7                | EXAM. FEE  | <del> </del>    | 7                        | EXAM. FEE                 | ZW                  |                        |  |
| SI          | EARCH FEE  | U.S. is ISA =                             | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |   | other situations = \$ 250 / \$ 500 | 1                | SEARCH FEE |                 |                          | SEARCH FEE                | 1101                |                        |  |
| FE          | E FOR EXTRA  | SPEC. PGS.                                | m  | minus 100 =                             |                                    | / 50 =           | 1          | X \$ 125 =      |                          |                           | X \$ 250 =          |                        |  |
| TC          | TAL CHARGE   | ABLE CLAIMS                               | 39   | ninus 20 = .                            |                                    | 19               | 1          | X \$ 25 =       | 1                        | OR                        | X \$ 50 =           | 950                    |  |
| INI         | DEPENDENT C  | LAIMS                                     | 3  | minus 3 = ,                             | h                                  |                  | 1          | X \$ 100 =      | 1                        | OR                        | X \$ 200 =          | 1.50                   |  |
| ML          | ILTIPLE DEPE   | NDENT CLAIM PI                            | RESENT   | ·                                       |                                    |                  | 1          | + \$ 180 =      |                          | OR                        | + \$ 360 =          |                        |  |
| •           | * If the difference in column 1 is less than zero, enter *0* in column 2   |   |  |   |                                    |                  |            | TOTAL           |                          | OR                        | TOTAL               |                        |  |
|             | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST  |   |  |   |                                    |                  |            | SMALL           | ENTITY ADDI-             | or<br>7                   | OTHER<br>SMALL I    | ENTITY                 |  |
| AMENDMENT A |  | REMAINING<br>AFTER<br>AMENDMENT           |  | PAID FO                                 | JSLY                               | PRESENT<br>EXTRA |            | RATE            | TIONAL<br>FEE            |                           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|             | Total  | •   | Minus  | ••                                      |                                    | =                |            | X \$ 25 =       |                          | OR                        | X \$ 50 =           |                        |  |
|             | Independent  | <u> </u>                                  | Minus  |   |                                    | =                |            | X \$ 100 =      |                          | OR                        | X \$ 200 =          |                        |  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |  |   |                                    |                  |            | + \$ 180 =      |                          | OR                        | + \$ 360 =          |                        |  |
|             |  |   |  |   |                                    |                  |            |                 |                          | OR                        | TOTAL ADDIT.<br>FEE |                        |  |
|             |  | (Column 1)                                |  | (Column                                 | 2)                                 | (Column 3)       |            |                 |                          |                           |                     |                        |  |
| AMENDMENT B |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO | R<br>SLY                           | PREȘENT<br>EXTRA |            | RATE            | ADDI-<br>TIONAL<br>- FEE |                           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|             | Total  | •   | Minus  | **                                      |                                    | =                |            | X \$ 25 =       |                          | OR                        | X \$ 50 =           |                        |  |
| AME         | Independent  | •   | Minus  | ***                                     |                                    | =                |            | X \$ 100 =      |                          | OR                        | X \$ 200 =          |                        |  |
|             | FIRST PRES   | ENTATION OF M                             | ULTIPLE DEPE   | ENDENT CLA                              | MM.                                |                  |            | + \$ 180 =      |                          | OR                        | + \$ 360 =          |                        |  |
|             | TOTAL ADDIT. FEE   |   |  |   |                                    |                  |            |                 |                          | OR TOTAL ADDIT.           |                     |                        |  |
| •••• (      | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |  |   |                                    |                  |            |                 |                          |                           |                     |                        |  |

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